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| TRANSMITTAL LETTER TO THE UNITED STATES<br>DESIGNATED/ELECTED OFFICE (DO/EO/US)<br>CONCERNING A FILING UNDER 35 U.S.C. 371  |   | Attorney Docket No.<br><b>0505-1038</b><br>U.S. Application No.<br><b>10/518301</b> |
| INTERNATIONAL APPLN. NO.<br><b>PCT/FR03/01841</b>   | INTERNATIONAL FILING DATE<br><b>June 17, 2003</b> | PRIORITY DATE CLAIMED<br><b>June 17, 2002</b>                                       |
| TITLE OF INVENTION: <b>INTERFACE METHOD AND DEVICE FOR THE ON-LINE EXCHANGE OF CONTENT DATA IN A SECURE MANNER</b>  |   |   |
| APPLICANT(S) FOR DO/EO/US: <b>Julien STERN and Thomas PORNIN</b>  |   |   |
| Applicant herewith submits to the United States Designated Elected Office (DO/EO/US) the following items and other information:   |   |   |
| <ol style="list-style-type: none"> <li>1. <input checked="" type="checkbox"/> This is a <b>FIRST</b> submission of items concerning a filing under 35 U.S.C. 371.</li> <li>2. <input type="checkbox"/> This is a <b>SECOND</b> or <b>SUBSEQUENT</b> submission of items concerning a filing under 35 U.S.C. 371.</li> <li>3. <input checked="" type="checkbox"/> This is an express request to begin national examination procedures (35 U.S.C. 371(f)).<br/>The submission must include items (5), (6), (9) and (21) indicated below.</li> <li>4. <input checked="" type="checkbox"/> The US has been elected (Article 31).</li> <li>5. <input checked="" type="checkbox"/> A copy of the International Application as filed (35 U.S.C. 371 (c)(2))           <ol style="list-style-type: none"> <li>a. <input checked="" type="checkbox"/> is attached hereto (required only if not communicated by the International Bureau).</li> <li>b. <input type="checkbox"/> has been communicated by the International Bureau. See attached PCT/IB/308.</li> <li>c. <input type="checkbox"/> is not required, as the application was filed in the United States Receiving Office (RO/US).</li> </ol> </li> <li>6. <input checked="" type="checkbox"/> An English language translation of the International Application as filed (35 U.S.C. 371 (c)(2))           <ol style="list-style-type: none"> <li>a. <input checked="" type="checkbox"/> is attached hereto.</li> <li>b. <input type="checkbox"/> has been previously submitted under 35 U.S.C. 154(d)(4).</li> </ol> </li> <li>7. <input type="checkbox"/> Amendments to the claims of the International Application under PCT Article 19 (35 U.S.C. 371 (c)(3))           <ol style="list-style-type: none"> <li>a. <input type="checkbox"/> are attached hereto (required only if not communicated by the International Bureau).</li> <li>b. <input type="checkbox"/> have been communicated by the International Bureau.</li> <li>c. <input type="checkbox"/> have not been made, however, the time limit for making such amendments has NOT expired.</li> <li>d. <input type="checkbox"/> have not been made and will not be made.</li> </ol> </li> <li>8. <input type="checkbox"/> An English language translation of the amendments to the claims under PCT Article 19 (35 U.S.C. 371 (c)(3)).</li> <li>9. <input checked="" type="checkbox"/> An oath or declaration of the inventor(s) (35 U.S.C. 371(c)(4))</li> <li>10. <input type="checkbox"/> A Declaration of Inventorship for purposes of U.S.A. designation pursuant to rule 4.17(iv). ))</li> <li>11. <input type="checkbox"/> An English language translation of the annexes of the International Preliminary Examination Report under PCT Article 36 (35 U.S.C. 371(c)(5)).</li> </ol> <p style="margin-left: 40px;"><b>Items 11 to 20 below concern document(s) or information included:</b></p> <ol style="list-style-type: none"> <li>12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS) w/PTO-1449 - <input checked="" type="checkbox"/> Copy of IDS citations.</li> <li>13. <input checked="" type="checkbox"/> Assignment Papers (cover sheet &amp; document(s)).</li> <li>14. <input checked="" type="checkbox"/> A preliminary amendment.</li> <li>15. <input checked="" type="checkbox"/> An Application Data Sheet under 37 C.F.R. 1.76.</li> <li>16. <input checked="" type="checkbox"/> Itemized Return Receipt Postcard</li> <li>17. <input type="checkbox"/> A substitute specification.</li> <li>18. <input type="checkbox"/> Power of Attorney and Statement under 37 CFR §3.73(b)           <ol style="list-style-type: none"> <li>a. <input type="checkbox"/> Newly executed Power of Attorney</li> <li>b. <input type="checkbox"/> A change of Power of Attorney and/or change of address letter.</li> </ol> </li> <li>19. <input type="checkbox"/> A computer-readable form of the sequence listing in accordance with PCT Rule 13ter.2 and 37 CFR 1.821 - 1.825.</li> <li>20. <input type="checkbox"/> A second copy of the published international application under 35 U.S.C. 154(d)(4).</li> <li>21. <input type="checkbox"/> A second copy of the English language translation of the international application (35 U.S.C. 154(d)(4)).</li> <li>22. <input checked="" type="checkbox"/> Other items or information: <u><b>Abstract, International Search Report</b></u></li> </ol> |   |   |

| U.S. APPLICATION NO. <b>107518301</b>  |          | INTERNATIONAL APPLN. NO.<br>PCT/FR03/01841  |          | ATTORNEY DOCKET NO.<br>0505-1038   |  |            |              |  |                 |  |  |          |          |          |          |      |        |      |        |                          |          |  |      |        |      |        |                           |          |  |      |        |      |        |                                |          |  |   |  |  |  |  |          |  |  |  |   |  |  |  |        |               |  |  |  |              |              |      |  |  |  |  |         |  |            |                                    |  |  |  |           |   |           |  |  |  |  |  |            |        |   |  |  |  |  |        |  |   |  |  |  |  |         |  |                              |  |  |  |  |                 |  |  |  |  |  |  |                        |    |  |  |  |  |  |          |    |
|--|----------|---|----------|--|--|------------|--------------|--|-----------------|--|--|----------|----------|----------|----------|------|--------|------|--------|--------------------------|----------|--|------|--------|------|--------|---------------------------|----------|--|------|--------|------|--------|--------------------------------|----------|--|---|--|--|--|--|----------|--|--|--|---|--|--|--|--------|---------------|--|--|--|--------------|--------------|------|--|--|--|--|---------|--|------------|------------------------------------|--|--|--|-----------|---|-----------|--|--|--|--|--|------------|--------|---|--|--|--|--|--------|--|---|--|--|--|--|---------|--|------------------------------|--|--|--|--|-----------------|--|--|--|--|--|--|------------------------|----|--|--|--|--|--|----------|----|
| <input checked="" type="checkbox"/> <b>Applicant claims small entity status. See 37 CFR 1.27.</b><br><br><input checked="" type="checkbox"/> The following fees are submitted:<br><br><b>PCT FEES - NATIONAL STAGE</b>   |          |   |          |  | <b>CALCULATIONS<br/>PTO USE ONLY</b>     |            |              |  |                 |  |  |          |          |          |          |      |        |      |        |                          |          |  |      |        |      |        |                           |          |  |      |        |      |        |                                |          |  |   |  |  |  |  |          |  |  |  |   |  |  |  |        |               |  |  |  |              |              |      |  |  |  |  |         |  |            |                                    |  |  |  |           |   |           |  |  |  |  |  |            |        |   |  |  |  |  |        |  |   |  |  |  |  |         |  |                              |  |  |  |  |                 |  |  |  |  |  |  |                        |    |  |  |  |  |  |          |    |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="width:15%;">Large Entity</th> <th colspan="2" style="width:15%;">Small Entity</th> <th rowspan="2" style="width:40%;">Fee Description</th> <th rowspan="2" style="width:15%;"></th> <th rowspan="2" style="width:15%;"></th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> <tr> <td>1631</td> <td>300.00</td> <td>2631</td> <td>150.00</td> <td>Basic National Stage Fee</td> <td>\$150.00</td> <td></td> </tr> <tr> <td>1632</td> <td>500.00</td> <td>2632</td> <td>250.00</td> <td>National Stage Search Fee</td> <td>\$250.00</td> <td></td> </tr> <tr> <td>1633</td> <td>200.00</td> <td>2633</td> <td>100.00</td> <td>National Stage Examination Fee</td> <td>\$100.00</td> <td></td> </tr> <tr> <td colspan="5">           Surcharge of <b>\$130.00</b> for furnishing the oath or declaration later than <input type="checkbox"/> 20- <input type="checkbox"/> 30 months from the earliest claimed priority date (Fee Code 1617/2617)         </td> <td>\$130.00</td> <td></td> </tr> <tr> <td colspan="2"> <b>SIZE FEE</b><br/>           Plant size fee each additional 50 sheets in excess of 100<br/><br/>           Fee Code 1681/2681         </td> <td colspan="3"> <b>Additional Sheets</b><br/> <div style="text-align: center;">             63 - 100 = <u>50</u> X           </div> </td> <td> <b>Fee From Below</b><br/> <b>\$250.00</b> </td> <td>\$0.00</td> </tr> <tr> <td colspan="4" style="text-align: center;"><b>CLAIMS</b></td> <td style="text-align: center;">NUMBER FILED</td> <td style="text-align: center;">NUMBER EXTRA</td> <td style="text-align: center;">RATE</td> </tr> <tr> <td colspan="4">Independent Claims Fee Codes 1614 / 2614</td> <td style="text-align: center;">3 - 3 =</td> <td></td> <td style="text-align: center;">x \$200.00</td> </tr> <tr> <td colspan="4">Total Claims Fee Codes 1615 / 2615</td> <td style="text-align: center;">23 - 20 =</td> <td style="text-align: center;">3</td> <td style="text-align: center;">x \$50.00</td> </tr> <tr> <td colspan="5">MULTIPLE DEPENDENT CLAIM(S) (if applicable) Fee Code 1616 / 2616</td> <td style="text-align: center;">+ \$360.00</td> <td style="text-align: center;">\$0.00</td> </tr> <tr> <td colspan="5">Processing fee of <b>\$130.00</b> for furnishing the English translation later than <input type="checkbox"/> 20 <input type="checkbox"/> 30 months from the earliest claimed priority date (37 CFR 1.492(f)). Fee Code 1618</td> <td style="text-align: center;">\$0.00</td> <td></td> </tr> <tr> <td colspan="5">           Fee for recording the enclosed assignment (37 CFR 1.21(h)). (Fee code 8021)<br/> <div style="text-align: right;">\$40.00 per property +</div> </td> <td style="text-align: center;">\$40.00</td> <td></td> </tr> <tr> <td colspan="5" style="text-align: right;"><b>TOTAL FEES ENCLOSED =</b></td> <td style="text-align: center;"><b>\$615.00</b></td> <td></td> </tr> <tr> <td colspan="5"></td> <td style="text-align: right;">Amount to be refunded:</td> <td style="text-align: center;">\$</td> </tr> <tr> <td colspan="5"></td> <td style="text-align: right;">Charged:</td> <td style="text-align: center;">\$</td> </tr> </table> |          |   |          |  | Large Entity                             |            | Small Entity |  | Fee Description |  |  | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 1631 | 300.00 | 2631 | 150.00 | Basic National Stage Fee | \$150.00 |  | 1632 | 500.00 | 2632 | 250.00 | National Stage Search Fee | \$250.00 |  | 1633 | 200.00 | 2633 | 100.00 | National Stage Examination Fee | \$100.00 |  | Surcharge of <b>\$130.00</b> for furnishing the oath or declaration later than <input type="checkbox"/> 20- <input type="checkbox"/> 30 months from the earliest claimed priority date (Fee Code 1617/2617) |  |  |  |  | \$130.00 |  | <b>SIZE FEE</b><br>Plant size fee each additional 50 sheets in excess of 100<br><br>Fee Code 1681/2681 |  | <b>Additional Sheets</b><br><div style="text-align: center;">             63 - 100 = <u>50</u> X           </div> |  |  | <b>Fee From Below</b><br><b>\$250.00</b> | \$0.00 | <b>CLAIMS</b> |  |  |  | NUMBER FILED | NUMBER EXTRA | RATE | Independent Claims Fee Codes 1614 / 2614 |  |  |  | 3 - 3 = |  | x \$200.00 | Total Claims Fee Codes 1615 / 2615 |  |  |  | 23 - 20 = | 3 | x \$50.00 | MULTIPLE DEPENDENT CLAIM(S) (if applicable) Fee Code 1616 / 2616 |  |  |  |  | + \$360.00 | \$0.00 | Processing fee of <b>\$130.00</b> for furnishing the English translation later than <input type="checkbox"/> 20 <input type="checkbox"/> 30 months from the earliest claimed priority date (37 CFR 1.492(f)). Fee Code 1618 |  |  |  |  | \$0.00 |  | Fee for recording the enclosed assignment (37 CFR 1.21(h)). (Fee code 8021)<br><div style="text-align: right;">\$40.00 per property +</div> |  |  |  |  | \$40.00 |  | <b>TOTAL FEES ENCLOSED =</b> |  |  |  |  | <b>\$615.00</b> |  |  |  |  |  |  | Amount to be refunded: | \$ |  |  |  |  |  | Charged: | \$ |
| Large Entity   |          | Small Entity  |          | Fee Description  |  |            |              |  |                 |  |  |          |          |          |          |      |        |      |        |                          |          |  |      |        |      |        |                           |          |  |      |        |      |        |                                |          |  |   |  |  |  |  |          |  |  |  |   |  |  |  |        |               |  |  |  |              |              |      |  |  |  |  |         |  |            |                                    |  |  |  |           |   |           |  |  |  |  |  |            |        |   |  |  |  |  |        |  |   |  |  |  |  |         |  |                              |  |  |  |  |                 |  |  |  |  |  |  |                        |    |  |  |  |  |  |          |    |
| Fee Code   | Fee (\$) | Fee Code  | Fee (\$) |  |  |            |              |  |                 |  |  |          |          |          |          |      |        |      |        |                          |          |  |      |        |      |        |                           |          |  |      |        |      |        |                                |          |  |   |  |  |  |  |          |  |  |  |   |  |  |  |        |               |  |  |  |              |              |      |  |  |  |  |         |  |            |                                    |  |  |  |           |   |           |  |  |  |  |  |            |        |   |  |  |  |  |        |  |   |  |  |  |  |         |  |                              |  |  |  |  |                 |  |  |  |  |  |  |                        |    |  |  |  |  |  |          |    |
| 1631   | 300.00   | 2631  | 150.00   | Basic National Stage Fee   | \$150.00                                 |            |              |  |                 |  |  |          |          |          |          |      |        |      |        |                          |          |  |      |        |      |        |                           |          |  |      |        |      |        |                                |          |  |   |  |  |  |  |          |  |  |  |   |  |  |  |        |               |  |  |  |              |              |      |  |  |  |  |         |  |            |                                    |  |  |  |           |   |           |  |  |  |  |  |            |        |   |  |  |  |  |        |  |   |  |  |  |  |         |  |                              |  |  |  |  |                 |  |  |  |  |  |  |                        |    |  |  |  |  |  |          |    |
| 1632   | 500.00   | 2632  | 250.00   | National Stage Search Fee  | \$250.00                                 |            |              |  |                 |  |  |          |          |          |          |      |        |      |        |                          |          |  |      |        |      |        |                           |          |  |      |        |      |        |                                |          |  |   |  |  |  |  |          |  |  |  |   |  |  |  |        |               |  |  |  |              |              |      |  |  |  |  |         |  |            |                                    |  |  |  |           |   |           |  |  |  |  |  |            |        |   |  |  |  |  |        |  |   |  |  |  |  |         |  |                              |  |  |  |  |                 |  |  |  |  |  |  |                        |    |  |  |  |  |  |          |    |
| 1633   | 200.00   | 2633  | 100.00   | National Stage Examination Fee   | \$100.00                                 |            |              |  |                 |  |  |          |          |          |          |      |        |      |        |                          |          |  |      |        |      |        |                           |          |  |      |        |      |        |                                |          |  |   |  |  |  |  |          |  |  |  |   |  |  |  |        |               |  |  |  |              |              |      |  |  |  |  |         |  |            |                                    |  |  |  |           |   |           |  |  |  |  |  |            |        |   |  |  |  |  |        |  |   |  |  |  |  |         |  |                              |  |  |  |  |                 |  |  |  |  |  |  |                        |    |  |  |  |  |  |          |    |
| Surcharge of <b>\$130.00</b> for furnishing the oath or declaration later than <input type="checkbox"/> 20- <input type="checkbox"/> 30 months from the earliest claimed priority date (Fee Code 1617/2617)  |          |   |          |  | \$130.00                                 |            |              |  |                 |  |  |          |          |          |          |      |        |      |        |                          |          |  |      |        |      |        |                           |          |  |      |        |      |        |                                |          |  |   |  |  |  |  |          |  |  |  |   |  |  |  |        |               |  |  |  |              |              |      |  |  |  |  |         |  |            |                                    |  |  |  |           |   |           |  |  |  |  |  |            |        |   |  |  |  |  |        |  |   |  |  |  |  |         |  |                              |  |  |  |  |                 |  |  |  |  |  |  |                        |    |  |  |  |  |  |          |    |
| <b>SIZE FEE</b><br>Plant size fee each additional 50 sheets in excess of 100<br><br>Fee Code 1681/2681   |          | <b>Additional Sheets</b><br><div style="text-align: center;">             63 - 100 = <u>50</u> X           </div> |          |  | <b>Fee From Below</b><br><b>\$250.00</b> | \$0.00     |              |  |                 |  |  |          |          |          |          |      |        |      |        |                          |          |  |      |        |      |        |                           |          |  |      |        |      |        |                                |          |  |   |  |  |  |  |          |  |  |  |   |  |  |  |        |               |  |  |  |              |              |      |  |  |  |  |         |  |            |                                    |  |  |  |           |   |           |  |  |  |  |  |            |        |   |  |  |  |  |        |  |   |  |  |  |  |         |  |                              |  |  |  |  |                 |  |  |  |  |  |  |                        |    |  |  |  |  |  |          |    |
| <b>CLAIMS</b>  |          |   |          | NUMBER FILED   | NUMBER EXTRA                             | RATE       |              |  |                 |  |  |          |          |          |          |      |        |      |        |                          |          |  |      |        |      |        |                           |          |  |      |        |      |        |                                |          |  |   |  |  |  |  |          |  |  |  |   |  |  |  |        |               |  |  |  |              |              |      |  |  |  |  |         |  |            |                                    |  |  |  |           |   |           |  |  |  |  |  |            |        |   |  |  |  |  |        |  |   |  |  |  |  |         |  |                              |  |  |  |  |                 |  |  |  |  |  |  |                        |    |  |  |  |  |  |          |    |
| Independent Claims Fee Codes 1614 / 2614   |          |   |          | 3 - 3 =  |  | x \$200.00 |              |  |                 |  |  |          |          |          |          |      |        |      |        |                          |          |  |      |        |      |        |                           |          |  |      |        |      |        |                                |          |  |   |  |  |  |  |          |  |  |  |   |  |  |  |        |               |  |  |  |              |              |      |  |  |  |  |         |  |            |                                    |  |  |  |           |   |           |  |  |  |  |  |            |        |   |  |  |  |  |        |  |   |  |  |  |  |         |  |                              |  |  |  |  |                 |  |  |  |  |  |  |                        |    |  |  |  |  |  |          |    |
| Total Claims Fee Codes 1615 / 2615   |          |   |          | 23 - 20 =  | 3  | x \$50.00  |              |  |                 |  |  |          |          |          |          |      |        |      |        |                          |          |  |      |        |      |        |                           |          |  |      |        |      |        |                                |          |  |   |  |  |  |  |          |  |  |  |   |  |  |  |        |               |  |  |  |              |              |      |  |  |  |  |         |  |            |                                    |  |  |  |           |   |           |  |  |  |  |  |            |        |   |  |  |  |  |        |  |   |  |  |  |  |         |  |                              |  |  |  |  |                 |  |  |  |  |  |  |                        |    |  |  |  |  |  |          |    |
| MULTIPLE DEPENDENT CLAIM(S) (if applicable) Fee Code 1616 / 2616   |          |   |          |  | + \$360.00                               | \$0.00     |              |  |                 |  |  |          |          |          |          |      |        |      |        |                          |          |  |      |        |      |        |                           |          |  |      |        |      |        |                                |          |  |   |  |  |  |  |          |  |  |  |   |  |  |  |        |               |  |  |  |              |              |      |  |  |  |  |         |  |            |                                    |  |  |  |           |   |           |  |  |  |  |  |            |        |   |  |  |  |  |        |  |   |  |  |  |  |         |  |                              |  |  |  |  |                 |  |  |  |  |  |  |                        |    |  |  |  |  |  |          |    |
| Processing fee of <b>\$130.00</b> for furnishing the English translation later than <input type="checkbox"/> 20 <input type="checkbox"/> 30 months from the earliest claimed priority date (37 CFR 1.492(f)). Fee Code 1618  |          |   |          |  | \$0.00                                   |            |              |  |                 |  |  |          |          |          |          |      |        |      |        |                          |          |  |      |        |      |        |                           |          |  |      |        |      |        |                                |          |  |   |  |  |  |  |          |  |  |  |   |  |  |  |        |               |  |  |  |              |              |      |  |  |  |  |         |  |            |                                    |  |  |  |           |   |           |  |  |  |  |  |            |        |   |  |  |  |  |        |  |   |  |  |  |  |         |  |                              |  |  |  |  |                 |  |  |  |  |  |  |                        |    |  |  |  |  |  |          |    |
| Fee for recording the enclosed assignment (37 CFR 1.21(h)). (Fee code 8021)<br><div style="text-align: right;">\$40.00 per property +</div>  |          |   |          |  | \$40.00                                  |            |              |  |                 |  |  |          |          |          |          |      |        |      |        |                          |          |  |      |        |      |        |                           |          |  |      |        |      |        |                                |          |  |   |  |  |  |  |          |  |  |  |   |  |  |  |        |               |  |  |  |              |              |      |  |  |  |  |         |  |            |                                    |  |  |  |           |   |           |  |  |  |  |  |            |        |   |  |  |  |  |        |  |   |  |  |  |  |         |  |                              |  |  |  |  |                 |  |  |  |  |  |  |                        |    |  |  |  |  |  |          |    |
| <b>TOTAL FEES ENCLOSED =</b>   |          |   |          |  | <b>\$615.00</b>                          |            |              |  |                 |  |  |          |          |          |          |      |        |      |        |                          |          |  |      |        |      |        |                           |          |  |      |        |      |        |                                |          |  |   |  |  |  |  |          |  |  |  |   |  |  |  |        |               |  |  |  |              |              |      |  |  |  |  |         |  |            |                                    |  |  |  |           |   |           |  |  |  |  |  |            |        |   |  |  |  |  |        |  |   |  |  |  |  |         |  |                              |  |  |  |  |                 |  |  |  |  |  |  |                        |    |  |  |  |  |  |          |    |
|  |          |   |          |  | Amount to be refunded:                   | \$         |              |  |                 |  |  |          |          |          |          |      |        |      |        |                          |          |  |      |        |      |        |                           |          |  |      |        |      |        |                                |          |  |   |  |  |  |  |          |  |  |  |   |  |  |  |        |               |  |  |  |              |              |      |  |  |  |  |         |  |            |                                    |  |  |  |           |   |           |  |  |  |  |  |            |        |   |  |  |  |  |        |  |   |  |  |  |  |         |  |                              |  |  |  |  |                 |  |  |  |  |  |  |                        |    |  |  |  |  |  |          |    |
|  |          |   |          |  | Charged:                                 | \$         |              |  |                 |  |  |          |          |          |          |      |        |      |        |                          |          |  |      |        |      |        |                           |          |  |      |        |      |        |                                |          |  |   |  |  |  |  |          |  |  |  |   |  |  |  |        |               |  |  |  |              |              |      |  |  |  |  |         |  |            |                                    |  |  |  |           |   |           |  |  |  |  |  |            |        |   |  |  |  |  |        |  |   |  |  |  |  |         |  |                              |  |  |  |  |                 |  |  |  |  |  |  |                        |    |  |  |  |  |  |          |    |
| <input checked="" type="checkbox"/> A check in the amount of <b>\$615.00</b> to cover the above fees is attached.<br><br><input type="checkbox"/> The Director is hereby authorized to charge indicated fees and credit any overpayment to Deposit Account No. 25-0120 in the name of Young & Thompson. A duplicate copy of this sheet is enclosed.<br><br><input checked="" type="checkbox"/> The Director is hereby authorized in this, concurrent, and future replies, to charge payment or credit any overpayment to Deposit Account No. 25-0120 for any additional fee required under 37 C.F.R. §§ 1.16 or 1.17.  |          |   |          |  |  |            |              |  |                 |  |  |          |          |          |          |      |        |      |        |                          |          |  |      |        |      |        |                           |          |  |      |        |      |        |                                |          |  |   |  |  |  |  |          |  |  |  |   |  |  |  |        |               |  |  |  |              |              |      |  |  |  |  |         |  |            |                                    |  |  |  |           |   |           |  |  |  |  |  |            |        |   |  |  |  |  |        |  |   |  |  |  |  |         |  |                              |  |  |  |  |                 |  |  |  |  |  |  |                        |    |  |  |  |  |  |          |    |
| SEND ALL CORRESPONDENCE TO:<br>YOUNG & THOMPSON<br>745 South 23 <sup>rd</sup> Street<br>Arlington, VA 22202<br>Telephone: (703) 521-2297<br>Facsimile: (703) 685-0573<br><br>Y&T Customer No. <b>00466</b><br>BC/yr  |          |   |          | <div style="text-align: center;"> <br/>       SIGNATURE     </div> <div style="text-align: center;">       Benoit Castel, Reg. No. 35,041<br/>       NAME, REGISTRATION NUMBER     </div> <div style="text-align: center;">       December 17, 2004<br/>       DATE     </div> |  |            |              |  |                 |  |  |          |          |          |          |      |        |      |        |                          |          |  |      |        |      |        |                           |          |  |      |        |      |        |                                |          |  |   |  |  |  |  |          |  |  |  |   |  |  |  |        |               |  |  |  |              |              |      |  |  |  |  |         |  |            |                                    |  |  |  |           |   |           |  |  |  |  |  |            |        |   |  |  |  |  |        |  |   |  |  |  |  |         |  |                              |  |  |  |  |                 |  |  |  |  |  |  |                        |    |  |  |  |  |  |          |    |